8/1/2003-90023-008-\$50.00-\$50.00 *

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan SAMOLE,		1/30/2 SECF DIVISIO 03 SE	1/30/2003-00043-039:550.00-550.00 SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS 03 SEP 29 PM 4: 06 \[\text{M 100} \]						
Principal Place of Business Malling Address					7	Ĺ	MC1010	,	
5630 Park bly Pinellas Park		5830 PARK BLVD SUITE O PINELLAS PARK FL 33781							
•						EN EN EENE HEN EEN EEN EEN			
2. Principal P	Place of Business	3, Malling Address	Malling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite. Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	8	City & State	City & State			4. FEI Number Applied For S6-2302810 Not Applicable			
Zip	Country	Zip	Zip Countr			ate of Status Desired	S5.00 A	dditional	7
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
FRAN	VKLIN, RICHARD P	Name							
	PARK BLVD., SUITE C LLAS PARK FL 33781		Street Address			ber is Not Acceptable	e) 		
*	9								
<u>.</u>				City			FL Zip Co	ebe	
the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or regis	tered agent, or t	poth, in the State of Flo	orida. 1 am familiar witi	n, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	E: Registered	1 Agent signature requ	ked when reinstating)		DATE	- 		
•		Make Check Payabl	le to Flo	EE IS \$50.00 prida Departπ nber 24, 2003	ent of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		」
TITLE NAME	MGRM Franklin, Richard P	Deleta	TITLE NAME				Change	Addition	50/4
STREET ADDRESS	5630 PARK BLVD., SUITE C	•		ET ADDRESS					CR2E083 (4/03)
CITY-ST-ZIP	PINELLAS PARK FL 33781			ST-ZIP				<u> </u>	78
TITLE NAME	HADDAD, PHILLIP	☐ Délete	TITLE	į.			☐ Change	Addition	0
STREET ADDRESS CITY-ST-ZIP	5630 PARK BLVD., SUITE C PINELLAS PARK FL 33781			et address ST-Zip					
· TITLE -	The state of the s		TITLE				-c Change	☐ Addition	1
NAME STREET ADDRESS			NAME STREE	TADORESS					
CITY-ST-ZIP		<u> </u>	спу-	ST-ZIP	- <u>-</u>			·	
TITLE Name		☐ Delete	TITLE		•		. Change	Addition .	Ì
STREET ADDRESS				T ADDRESS					
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TITLE NAME		☐ Delete	TITLE]			☐ Change	Addition Addition	
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CITY-ST-ZIP TITLE		Delete	TITLE	ST- ZIP			☐ Change	Addition	-{
NAME		مان ا	NAME	(C Oligination		{
STREET ADDRESS CITY-ST-ZIP			STREE CITY-:	T ADORESS ST-ZIP					
indicated limited liab	ertify that the information supplied with on this report is true and accurate and initially company or the receiver or trustee	this filing does not qualify for that my signature shall have to empowered to execute this r	the exemine same report as	nption stated in S legal effect as if required by Cha	Section 119.07(3 made under oat pter 608, Florida)(i), Florida Statutes. I h; that I am a manag Statutes.	further certify that the ing member or manage	information er of the	
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR A	UTHORIZED REPRE	SENTATIVE	Date	Daytime Phone #		